

# BCM J

BC Medical Journal

Letters of less than 300 words are welcomed; they may be edited for clarity and length. Letters may be e-mailed ([journal@doctorsofbc.ca](mailto:journal@doctorsofbc.ca)), faxed (604 638-2917), or sent through the post.

## Re: Biology vs career

Dr Verchere's editorial [*BCM J* 2014; 56:314,355] addresses a critical and inadequately discussed topic. There is no doubt that a woman's fertility declines steadily after age 30. The significant milestones are 30, 35, 37, 40, and 43. Fecundability does not take your career goals into account. The advice I give my patients, colleagues, and friends is that once you are ready to have a baby—whatever that means for an individual (relationship, finances, and perhaps career)—sooner will likely be easier and more successful than later. This is true regardless of whether women pursue an alternative strategy such as egg or embryo freezing, which has quite good success rates but is not always successful. Additionally, the risks of


pregnancy increase with maternal age for both the fetus and the mother. As physicians we know this, and we counsel people about this, but in general we don't always do our best to accommodate our colleagues and trainees in planning their families.

As an example, a few years ago while working in San Francisco I met a bright, accomplished 33-year-old medical resident who wished to freeze her eggs. I was astonished to learn that she had not yet had a serious relationship. She had spent so much of her life working that she realistically did not see how she would have the time to build a serious relationship over the next few years and then also have a family while finishing residency and pursuing a fellowship. I was impressed by her thoughtfulness and

practicality. I encouraged her to try to have a family as soon as she was ready, even if she had not accomplished all her career goals, and referred her to one of the best clinics to freeze eggs, because at that time very few had documented success rates. It's better now, but not perfect.

The bottom line, unfortunately, is that too often women find out too late about their decline in fertility. While there are always options and solutions (egg freezing, use of donated eggs, adoption), delaying child bearing is not a great option biologically. For women who feel they must delay, egg freezing is the best means we have at present to preserve their fertility—and, again, the earlier the freezing is done the better. One day we will be able to make eggs from stem cells. We are almost there with sperm. But until then, as Dr Verchere has stated, we must try to support and show compassion to our trainees and colleagues in their quests to have families. After all, it is the only legacy any of us truly leave behind.

—Sonya Kashyap, MD  
Medical Director,  
Genesis Fertility Centre



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### Mentoring: Essential to an international medical graduate's education

The current success of an international medical graduate the Canadian Resident Matching Service is dependent on several important factors. These include clinical exposure in the Canadian or American system, research publications, letters of reference from physicians affiliated with a residency program, continuity of their medical education, and successful completion of Medical Council of Canada Evaluating Examination and Medical Council of Canada Qualifying Examination, Parts I and II. Often overlooked in this list, however, is the importance of a good mentor.

Mentors can help international medical graduates prepare for residency and develop the skills they need for the ever-evolving clinical environment. Mentoring also provides support and helps graduates grow more proficiently. It creates a

dynamic environment where one can ask questions to better understand their career choices and obtain a realistic picture of the working world. Additionally, graduates can expand their networks in their area of clinical interest. Overall, mentoring can benefit both the graduate and mentor. For the graduate, benefits include career development, improved relationships with faculty, greater interest in research, aspirations toward academic careers, better academic performance, and emotional benefits such as improved self-esteem and reduced stress.<sup>1</sup> For the mentor, positive mentorship experiences offer the satisfaction of helping and positively affecting somebody's career.<sup>1</sup>

While mentorship is a facilitator for career success and selection, it is challenged by increased clinical, research, and administrative demands.<sup>2</sup> Graduates must select the appropriate mentor based on a variety of characteristics, such as whether

they can provide networking opportunities, advice on career progress, and guidance; be a good role model; and facilitate decision making.<sup>2</sup> Other characteristics of an effective mentor include being approachable, accessible, altruistic, understanding, patient, and honest.<sup>2</sup> Mentorship is fundamental to professional accomplishment and poor choices can lead to difficulties in career advancement.

—Rajesh Nair, MD  
International Medical Graduate  
and 2015 Residency Applicant  
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#### References

1. Fornari A, Murray TS, Menzin AW, et al. Mentoring program design and implementation in new medical schools. *Med Educ Online* 2014;19:24570.
2. Straus SE, Chatur F, Taylor M. Issues in the mentor-mentee relationship in academic medicine: A qualitative study. *Acad Med* 2009;84:135-139.

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